the waiver will not adversely affect the health and safety of the patients.

- (3) The provisions of the Life Safety Code do not apply in a State if CMS finds that a fire and safety code imposed by State law adequately protects patients in an ASC.
- (4) An ASC must be in compliance with Chapter 21.2.9.1, Emergency Lighting, beginning on March 13, 2006.
- (5) Notwithstanding any provisions of the 2000 edition of the Life Safety Code to the contrary, an ASC may place alcohol-based hand rub dispensers in its facility if—
- (i) Use of alcohol-based hand rub dispensers does not conflict with any State or local codes that prohibit or otherwise restrict the placement of alcohol-based hand rub dispensers in health care facilities;
- (ii) The dispensers are installed in a manner that minimizes leaks and spills that could lead to falls;
- (iii) The dispensers are installed in a manner that adequately protects against inappropriate access;
- (iv) The dispensers are installed in accordance with the following provisions:
- (A) Where dispensers are installed in a corridor, the corridor shall have a minimum width of 6 ft (1.8m);
- (B) The maximum individual dispenser fluid capacity shall be:
- (1) 0.3 gallons (1.2 liters) for dispensers in rooms, corridors, and areas open to corridors.
- (2) 0.5 gallons (2.0 liters) for dispensers in suites of rooms;
- (C) The dispensers shall have a minimum horizontal spacing of 4 ft (1.2m) from each other;
- (D) Not more than an aggregate 10 gallons (37.8 liters) of ABHR solution shall be in use in a single smoke compartment outside of a storage cabinet:
- (E) Storage of quantities greater than 5 gallons (18.9 liters) in a single smoke compartment shall meet the requirements of NFPA 30, Flammable and Combustible Liquids Code;
- (F) The dispensers shall not be installed over or directly adjacent to an ignition source;
- (G) In locations with carpeted floor coverings, dispensers installed directly over carpeted surfaces shall be per-

- mitted only in sprinklered smoke compartments; and
- (v) The dispensers are maintained in accordance with dispenser manufacturer guidelines.
- (c) Standard: Emergency equipment. Emergency equipment available to the operating rooms must include at least the following:
 - (1) Emergency call system.
 - (2) Oxygen.
- (3) Mechanical ventilatory assistance equipment including airways, manual breathing bag, and ventilator.
 - (4) Cardiac defibrillator.
 - (5) Cardiac monitoring equipment.
 - (6) Tracheostomy set.
- (7) Laryngoscopes and endotracheal tubes.
 - (8) Suction equipment.
- (9) Emergency medical equipment and supplies specified by the medical staff.
- (d) Standard: Emergency personnel. Personnel trained in the use of emergency equipment and in cardiopulmonary resuscitation must be available whenever there is a patient in the ASC.

[47 FR 34094, Aug. 5, 1982, amended at 53 FR 11508, Apr. 7, 1988; 54 FR 4026, Jan. 27, 1989; 68 FR 1385, Jan. 10, 2003; 69 FR 18803, Apr. 9, 2004; 70 FR 15237, Mar. 25, 2005; 71 FR 55339, Sept. 22, 2006]

§416.45 Condition for coverage—Medical staff.

The medical staff of the ASC must be accountable to the governing body.

- (a) Standard: Membership and clinical privileges. Members of the medical staff must be legally and professionally qualified for the positions to which they are appointed and for the performance of privileges granted. The ASC grants privileges in accordance with recommendations from qualified medical personnel.
- (b) Standard: Reappraisals. Medical staff privileges must be periodically reappraised by the ASC. The scope of procedures performed in the ASC must be periodically reviewed and amended as appropriate.
- (c) Standard: Other practitioners. If the ASC assigns patient care responsibilities to practitioners other than physicians, it must have established policies

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and procedures, approved by the governing body, for overseeing and evaluating their clinical activities.

§ 416.46 Condition for coverage—Nursing services.

The nursing services of the ASC must be directed and staffed to assure that the nursing needs of all patients are met.

(a) Standard: Organization and staffing. Patient care responsibilities must be delineated for all nursing service personnel. Nursing services must be provided in accordance with recognized standards of practice. There must be a registered nurse available for emergency treatment whenever there is a patient in the ASC.

(b) [Reserved]

§ 416.47 Condition for coverage—Medical records.

The ASC must maintain complete, comprehensive, and accurate medical records to ensure adequate patient care.

- (a) Standard: Organization. The ASC must develop and maintain a system for the proper collection, storage, and use of patient records.
- (b) Standard: Form and content of record. The ASC must maintain a medical record for each patient. Every record must be accurate, legible, and promptly completed. Medical records must include at least the following:
 - (1) Patient identification.
- (2) Significant medical history and results of physical examination.
- (3) Pre-operative diagnostic studies (entered before surgery), if performed.
- (4) Findings and techniques of the operation, including a pathologist's report on all tissues removed during surgery, except those exempted by the governing body.
- (5) Any allergies and abnormal drug reactions.
- (6) Entries related to anesthesia administration.
- (7) Documentation of properly executed informed patient consent.
- (8) Discharge diagnosis.

§416.48 Condition for coverage—Pharmaceutical services.

The ASC must provide drugs and biologicals in a safe and effective man-

ner, in accordance with accepted professional practice, and under the direction of an individual designated responsible for pharmaceutical services.

- (a) Standard: Administration of drugs. Drugs must be prepared and administered according to established policies and acceptable standards of practice.
- (1) Adverse reactions must be reported to the physician responsible for the patient and must be documented in the record.
- (2) Blood and blood products must be administered by only physicians or registered nurses.
- (3) Orders given orally for drugs and biologicals must be followed by a written order, signed by the prescribing physician.
 - (b) [Reserved]

§ 416.49 Condition for coverage—Laboratory and radiologic services.

- (a) Standard: Laboratory services. If the ASC performs laboratory services, it must meet the requirements of part 493 of this chapter. If the ASC does not provide its own laboratory services, it must have procedures for obtaining routine and emergency laboratory services from a certified laboratory in accordance with part 493 of this chapter. The referral laboratory must be certified in the appropriate specialties and subspecialties of service to perform the referred tests in accordance with the requirements of Part 493 of this chapter.
- (b) Standard: Radiologic services. (1) The ASC must have procedures for obtaining radiological services from a Medicare approved facility to meet the needs of patients.
- (2) Radiologic services must meet the hospital conditions of participation for radiologic services specified in §482.26 of this chapter.

[73 FR 68812, Nov. 18, 2008]

§416.50 Condition for coverage—Patient rights.

The ASC must inform the patient or the patient's representative of the patient's rights, and must protect and promote the exercise of such rights.

(a) Standard: Notice of rights. (1) The ASC must provide the patient or the patient's representative with verbal and written notice of the patient's